	State of Rhode Islan	
	Office of the Secretary o Division Of Business Serv	
	148 W. River Street	/1005
1636	Providence RI 02904-26 (401) 222-3040	515
Foreign Business Corpora		
Annual Report Filing Period: February 1 - May	/ 1	
file its annual report within thir	.2-1501(e), each corporation failir ty (30) days after the time prescrib ubject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - EN	TER THE <u>CURRENT</u> FILING YEAR	2023 : <u>2023</u>
1. Corporate ID No. 00173	36098	
2. Name of Corporation Mar	vin Behavioral Health MI, P.C.	
3. Street Address Principal E	Business Office:	
	STREET, SUITE 700 PMB 298	
City or Town: <u>DETROIT</u>		State: <u>MI</u> Zip: <u>48226</u> Country: <u>USA</u>
4. Business Phone No.		
5. State of Incorporation		
State: <u>MI</u>		
	ARTICLE III	
	e that best describes the primary b r <u>e.</u> More information on <u>NAICS</u> ca	
<u>621112</u>		
6. Brief Description of the Ch	aracter of Business Conducted i	n Rhode Island
BEHAVIORAL HEALTH SE		
7. Names and Addresses of t	he Officers and Directors:	
All officers and directors r	nust be listed.	
Title	Individual Name First, Middle, Last, Suffix A	Address address, City or Town, State, Zip Code, Country

PRESIDENT	KASSIE CLAUGH	TON 60	607 SHELBY STREET, SUITE 700 PMB DETROIT, MI 48226 USA		
Shares Authorized and	Issued				
				Total Issue	
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	and Outstandir <i>Num of</i> <i>Shares</i>	

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 27 Day of April, 2023 at 11:18:55 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KASSIE CLAUGHTON

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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